CHAPTER II

LITERATURE REVIEW

This study was aimed to study changing in organizational working climate at the beginning and after one year implementing Hospital Accreditation Program in Sena hospital. The author has searched relevant information and collected several study findings. The scope and steps of study were as fellow.

1. Concepts and theory of quality development.

    1.1 The evolution of quality healthcare services development.

    1.2 The concept and theory of Quality Improvement

    1.3 The process of Hospital Accreditation

2. Concept and Theory related to Organizational climate

    2.1 The concept and theory of Organizational climate

    2.2 The influence of the component of the organizational climate on the organization.

    2.3 The role of the administrators in constructing the organizational climate

3. Related literature to Quality Improvement and Organizational climate.

    3.1 Related literature to Quality Improvement

    3.2 Related literature to Organizational climate

2.1   Concepts and Theory of Quality Development.

2.1.1   The evolution of quality healthcare services development.

In foreign countries, the evolution is divided in to three period as follow :

1. The first period of Nightingale, Codman and America college of Surgeons.

1863 Florence Nightingale had noticed the different of outcome in taking care of patients among different hospitals in London.   She asked for systematic check whether the way of taking care of the patients are concerned with this difference and how.

1910 Earnest Armory Codman, a surgeon in Boston, proposed the outcome of the system of hospital standardization for reviewing his own performance and he asked for the systematical assessment which leads to quality Improvement.

1913 America college of Surgeons was foundation. Codman developed minimum standards for hospitals and began on-site inspections of hospitals which is the start point of Hospital Standardization Program.

1951 America college of Surgeons had been united with American Medical Association, America college of Medicine, The Association of American Hospitals and Canada and they established The Joint Commission on Accreditation of Hospitals which is now The Joint Commission on Accreditation of Healthcare Organization (JCAHO).

2. The second period of JCAHO 's Monitoring & Evaluation.

1960 Avedis Donabedian, a doctor at Michican University, addressed evaluating quality of care utilizing a structure, process and outcome approach as a standard for hospital accreditation.

1972 Chales Jacob established Quality Review Center in JCAHO and published the Performance Evaluation Procedure for Auditing and Improving Patient Care (PEP) as an indicator for structure, process and outcome which is a mean to assess how to take care patients properly by reviewing patient records.

1980 Monitoring & evaluation process is set up as a criteria for quality and selection used for patient records evaluation, and then compare continuously the outcome with the minimum as accepted. Moreover there should have activities for quality improvement. This process is called Quality Assurance (QA).

3. The third period of Continuous Quality Improvement.

Donald Berwick, Paul Batalden and Brent James were the first pioneers who gave the concepts of TQM/CQI, which is industrialized quality development in to health services. After that one criticized their practice by saying that Quality Assurance system is on the basis of " Rotten apples" which mean that it is the way to look for the performers who have problems instead of promoting the good performances. Batalden modified Deming's 14 Point to the context of healthcare service.

1987 Berwick and Batalden cooperated with Juran Institute and the quality advisor in industry and set up National Demonstration Project on Quality Improvement in Health Care (NDP). Then they found that they could practice TQM. with healthcare service and Brent James got a success practicing TQM. Directly with his patients.

1995 Accreditation is one of the few and most effective measures that health service organizations can use to accurately assess their level of performance. It is a peer review and a self-assessment process that focuses on ways to continuously improve the health care system. The assessment is designed to address processes, outcomes, and structures with the focus on continuous improvement within the health service delivery system.

The evolution of quality healthcare services development in Thailand.

The interest among healthcare professionals to develop many quality improvement activities in Thailand.

1993-1996 The concept of the TQM/CQI was introduced in the hospital : The TQM/CQI project facilitated in eighth pilot project hospitals by Health Insurance Division, The Provincial Hospital Division And Health System Research Institute.

1993-1994 Social Security Office, The Ministry of public health and Health System Research Institute are planning to use an accreditation process for approving hospital that will be main contractors.

1995 The result of TQM/CQI in eighth pilot project hospitals : The Ministry of public health are setting the ultimate goal to development TQM/CQI of all regional and general hospitals at the end of The Eight five-year National Health Development Plan. (1997-2001)

1995-1996 Health System Research Institute and Consumer Protection in Health Institute were set Hospital Standard.

1996 The Provincial Hospital Division of The Ministry of public health Study Hospital Accreditation project in Canada and accepted the concept of Continuous Quality Improvement (CQI) that necessary for the hospitals.

1997 The Thirty- five voluntary hospitals were participate in Hospital Accreditation and Quality Improvement Project, the Hospital Standard were tested in voluntary hospitals.

1999 Three voluntary hospitals were accredited by The Institute of Hospital Quality Improvement & Accreditation (HA-Thailand).

Since 1999, it quickly many voluntary hospitals participation in Hospital Accreditation and Quality Improvement Project in order to improve their healthcare services capabilities up to a standard level.

2.1.2 The Concept and theory of Quality Improvement

2.1.2.1 The definition and concept of Quality Improvement

Definition :

Crosby defined " quality " as something that is conforms to needs. it is meant that we can get the quality if it is compatible with the mentions standard.(Crosby, 1997)

Juran defined " quality " as something that is suitable or the value of product or the service that responds directly to the users. (Juran,1992)

Kano Proposed the consideration of the quality in two dimensions.

1. Must be quality which is the expectation of outcomes. If not, they will not satisfy.

2. Attractive quality which is not the expectation of customers, but they will be impressive and pleased if the get this kind of quality. As times goes on it will become the real expectation of the customers.

Donabedian suggested that quality care assessment could be classified under the framework of structure, process, and out come. These three parts should be monitored for quality assessment because good structure and good process are prerequisite good out come.

2.1.2.2 Concept on development and Hospital Accreditation

Hospital accreditation is a tool to encourage and promote many hospitals to develop systematically the quality of their organizations by following 3 steps of activities.

1. Hospitals must set job standard, job auditing and develop continuously the quality improvement.

2. Hospitals must have self assessment according to the established criteria.

3. Hospitals must be assessed by external organizations.

Diagram 1: Quality improvement And Accreditation process
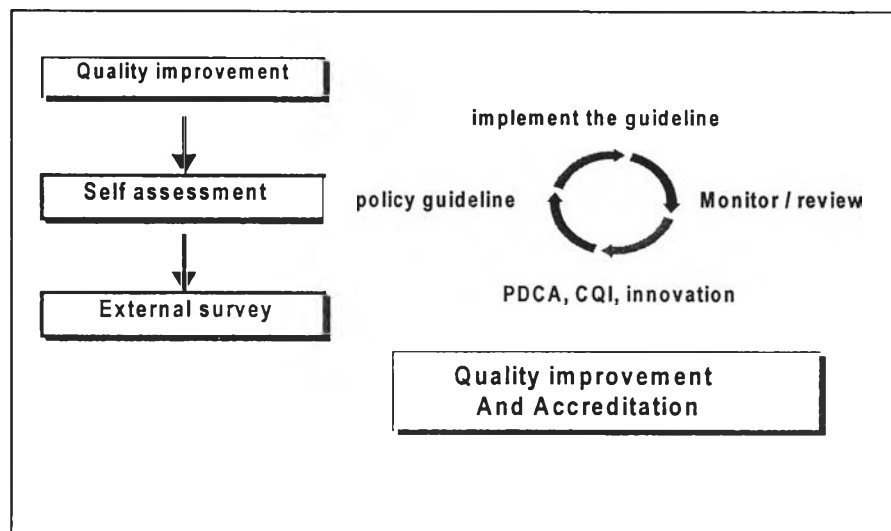
Quality Improvement is the way to set up administrative system and working system in hospitals in compatible with the standard which focuses the determination in performance for quality of the staff, teamwork, the response needs of the patients and the receivers of the outcome. Auditing system is required.

For improvement by joining with the risk management-RM, quality assurance-QA and continual quality improvement- CQI.

Diagram 2: Factors of quality activities

(rolling in continuous quality improvement)
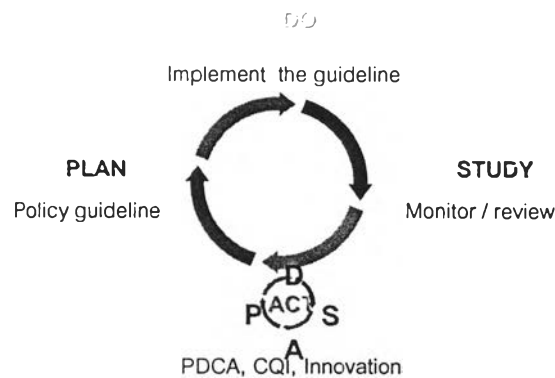
For Hospital Accreditation, we practice the concept and quality philosophy of TQM./ CQI. For Total Quality management (TQM.). The main point is to set up the way to learn how to assess the situation and quality level of staff, organization and cooperation teamwork focusing on patient – based service. They should have the indicator to review the job themselves, the needs of the outcome receivers and the continuous quality improvement.

Principles of TQM/CQI

1. Customer focus : the level of quality is to be able to respond the needs of the outcome receivers.

2. Common vision : it is cooperation of the creative members to set the goal and to adjust anything occurred for the goal.

3. Team work & empowerment : the quality will come true if all members are cooperative. They should be promoted by giving them training good information and opportunity to use their potential as much as possible.

4. Process focus : the problems occur because the job system is not well enough. Quality development is to improve working process to be well organized to perform.

5. Problem solving process : the scientific process is used for the improvement by analyzing conditions, problems, causes, ways to solve problems, testing the alternative ways and put them into practice for the standard.

6. Leadership support : leader have important role in changing with the same ideal. They have to change their role from controllers to coaches.

In developing the quality of hospitals, the principles of TQM/CQI is re - organized to have contemporary concept. The content is adjust from looking for problems to the attempt to improve or design the way to prevent the problems and to construct the positive working process by focusing on :

1. Awareness to Customer Requirement : how to solve problems and respond to the needs of patients and customers in the hospitals because these people and hospital staff are mutual customers.

2. Continuous Process Improvement : focus on the continuous improvement of working process and criteria. Practicing how to think systematically of the way to analyze problems causes, alternative choices. Testing the outcome and set them as standard and creating the ways for development.

3. Employee Empowerment & Teamwork : focus on empowering staff and teamwork by giving them opportunity to make a decision by themselves. The leader's task is to promote or support and to improve any working system which is out of reach of the staff and teamwork.

4. Value-based leadership : the good leader is the person who can induce the staff in the organization to have the same ideal with strong determination to make the ideal come true in the same direction.

5. Professional Standards & Practice Guidelines : linking the concept of process improvement with clinic service quality development, risk management, quality assurance and continuous quality development.

2.1.2.3 The framework of standard for hospital accreditation.

The framework used is the issue of golden jubilee mentioned the important factors of hospitals and focused on working system.

2.1.2.4 Quality Assessment

The assessment focuses on auditing working system and the practice in compatible with the specification standard from the self Assessment and external survey.

Self Assessment

Self Assessment aims to check the progress of the quality development according to the specification of the hospital and whether it is ready to be assessed from external survey.

External Survey

External Survey has three characteristics.

1. Preparation Survey is to assess whether the hospital practice the quality development according to the hospital framework.

2. Accreditation Survey is know the evidence and the truth that the hospital has already practiced the hospital specification.

3. After survey has three characteristics.

    3.1 Surveillance Survey is to assess every 6 - 12 months.

    3.2 Unscheduled Survey is to assess if any serious problems of patient health care occur or any safety.

    3.3 Verification Survey is about service or to increase the service and the change of the owner or high level executive.

2.1.3 The process of Hospital Accreditation

Hospital Accreditation helps adjust working culture of the staff because we have to re organize the structure of the organization and job process of the staff, organization and teamwork. This way may influence the organizational climate positively which affect the efficiency of performance and the feeling of satisfaction of the staff. The main point for quality development is to construct the perception of how to assess situation, quality level of the staff, organization and teamwork to have the same goal. They must review their job process and the needs of the outcome receivers. The administer must assess the effect of adjustment on the Organizational climate which lead to plan for the support and the positive improvement. They must follow the assessment for developing job climate according to rolling in maintain the continuous implementation of quality system to PDCA = Plan – DO – Check / Study – Act.

Diagram 3: Conceptual frame work

Adapted from the rolling in continuous quality improvement: (HA. Thailand)

Conceptual frame work
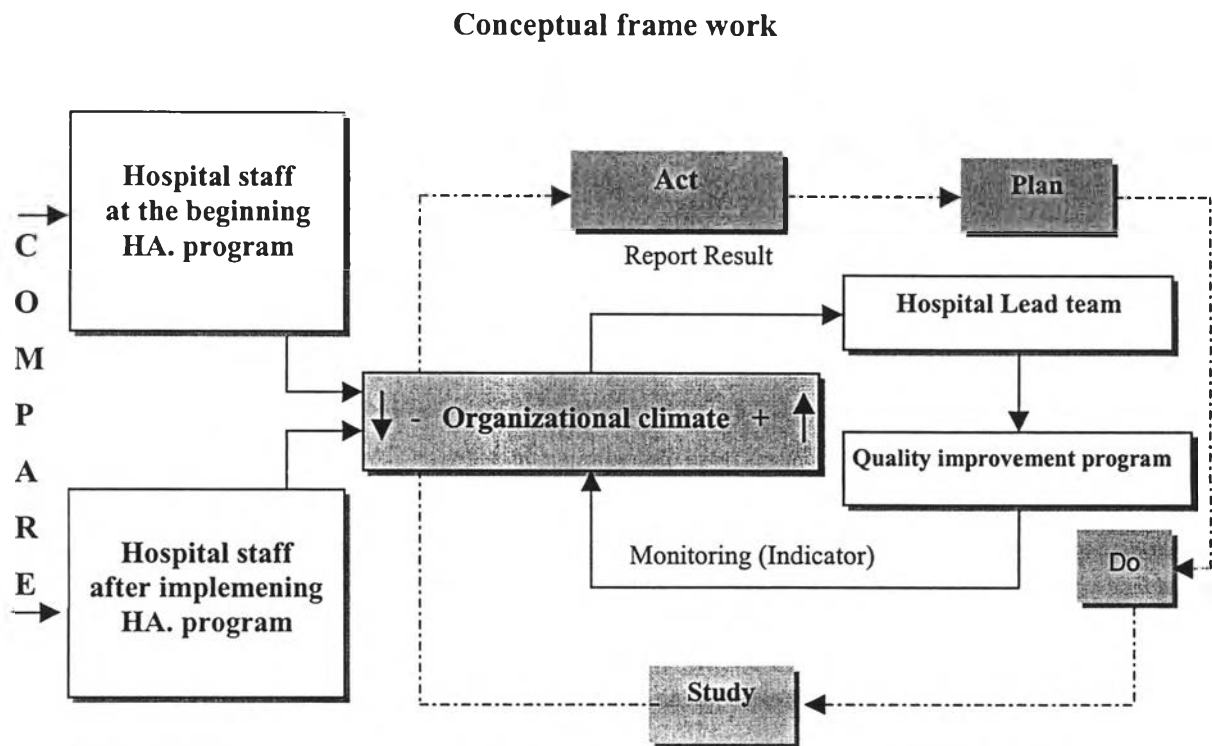
Hospital Accreditation has three steps for development.

Step 1. Preparation

1. Construct the realization of quality development for executives / leader.

2. Select the coordinator / Manager to have responsibilities for quality development and also pick out the facilitator.

3. Analyze the climate of working and the improvement.

4. Listen to patients and community.

5. Set up the team for self assessment implementing hospital standard and plan for the way to develop.

Step 2. Development and perception

1. Set up a pioneer activity for quality development.

2. Construct the realization of the staff.

3. Set up the mission, goal, policy and hospital strategies.

4. Review the plan to perform the quality development and staff training.

5. Select and enhance Facilitator's skills for quality development

Step 3. Management

3.1 Unit optimization

1. Practice the skills of team and units to be able to analyze themselves.

2. Listen to patients / outcome receivers and respond to their requests.

3. Set up service standard by giving patients information and reviewing patient healthcare.

4. Practice the skill of creativity and set up the system for suggestion to make it easy to work.

5. Analyze the risk and set up prevention along with a procedure of management.

6. Follow the indicator of the quality in unit and operate CQI activity as much as possible.

3.2 Horizontal Integration

1. Review and respond to the needs of the units.

2. Construct communication system and the cooperation among the units.

3. Set the duty of the crossed - team to be leader for the middle level.

4. Develop the risk management system of the hospital.

5. Set up a work instruction for the performance and also a Clinical Practice Guideline

3.3 Vertical Alignment

1. Set up the important goal of the hospital in each year.

2. Instruct the goal to units for practice and operation plan.

3. Implement the goal and follow to operation plan.

4. Set up the hospital indicator and monitoring the progress.

Preparation for survey

1. Reorganize organization structure if necessary.

2. Reorganize the motivation to encourage the staff to practice the quality improvement.

3. Invite vocational organization to visit the hospital to advice and the improve what has been suggested.

4. Re – self assessment.

5. Internal audit by Internal surveyor.

6. Self assessment one more and submit the assessment to the Institute of Hospital Accreditation.]

7. Prepare for External surveyor.

8. Get ready for the visit of External surveyor.

9. Improve the hospital from the suggestion.

10. Set up a visit for accreditation.

11. Celebrate the great success.

In developing hospital quality ,it must have the organizational structure which supports, co -ordinates and encourages the hospital to develop continuously. This structure is composed of three kinds of teamwork.

Lead team : the task is to set the direction of development, provide resources, encourage and follow the outcome., Coordinating team : the task is to co – ordinate and support the quality techniques., Quality development team : the task is act or perform the quality development ordered the Lead team.

Inclusion, Hospital accreditation is the process that focuses on the review of self assessment by the way of PDSA (Plan - Do - Study - Act).It encourage the perception of the organization through the assessment process and self – development implemented in service, study, research and PDSA process. All of these can bring the great success after implementing the project.

2.2　Concept and Theory Related to Organizational Climate

2.2.1　The concept and theory of Organizational climate

The definition and the significance of the climate

Liwit and Stringer (1963) indicated that the concept of the Organizational climate will be useful by Linking with other characteristics of the organization such as knowledge, leadership and rules; motivation and the behavior of staff.

Fofehand Gilmer (1964) indicated that the concept of the Organizational climate will be explain the characteristics of organization and different of each organization which influences the behavior of the staff in that organization.

Dubrin (1973) indicated that the concept as something that can measure the unique personality of each organization. Thus the Organizational climate is " the feeling " or " the characteristics " of the environment of the organization.

Robbins (1976) addressed that the organizational concept will be shown in the form of trust, confidence or even fear. The climate is consist of the style of leadership, the motivation, the decision making of the members and the assessment in that organization.

Brown and Moberg (Brown & Moberg, 1980,p.667) said that the following of this organizational climate : " it is characteristic of the work environment perceived by individuals who work in the organization, which serve as a major force in influencing their job behavior, illustrations include organizational structure, job descriptions,

performance standard, rewards, leadership style, challenge, supportiveness, and work value.

Lewin (1983:420) began his study in this climate in 1930 trying to link individual behavior with their environment by using the model of

$$B = f(P,E)$$

B : Stands for the behavior of nurses in the hospital who are influence by P, personality, or individual characteristic and E stands for the environment or the climate of the hospital.

Likert focused on group dynamics and indicated that job climate should be supported for the efficiency.

Lawrence and Lorsch focused on the relationship of the environment, technology, structure and the outcome which influence the job.

Inclusion, the mentioned definition of the Organizational climate shows clearly the unique characteristic of each organization. The member have to perceive and understand their own organization which influence their behaviors because it indicates their expectation towards the factors of the organization. By this it will affect their attitudes and satisfaction towards the organization.

2.2.2 The influence of the component of the organizational climate on the organization.

When some characteristics of the organization have been changed, they will influence the organizational climate, the stuff 's attempt, the outcome of the performance or the satisfaction.

Dubrin (1973) suggested to consider the following factors that affect the climate :

1. The situation of economics which affects the feeling of security of the members in the organization.

2. The leadership style: the attitude and the management used with subordinates will influence the organizational climate.

3. The policy : the written or implied policy gives the feeling of good impression and understanding of the organization. If its policy is to promote the staff internally, it will have the climate competition more than the policy of selecting the external personal for higher level.

4. Value : the value of the organizational administrator will affect the climate which shows that some behaviors of the members will be supported but some won't. This value comes from policy, rules and principles of the organization.

5. Organization structure : it determines the scope of formal relationship among the members. The size of the organization influences the climate. In the small one, the members will be familiar to each other more than the big one. The organization that the administrators trust their subordinates and

intends to decentralize administrative powers, will have short line of administration. If the administrators have central administrative powers, it will have long line of administration, the subordinates will have less chance in making decision and the climate between them and the administrators will become estranged.

6. The characteristic of the member will have some influences on the climate such as age and dressing which also influences the personality of the whole organization, the attitudes and the behaviors of the members as shown in Diagram 4.

Diagram 4: The effective factors on organizational climate

The components of the organizational climate

The climate may have components or dimensions which are used by the academics to be an outline to determine the variable that indicates the various kinds of organizational climate Lewin and Stringer (1968) developed the questionnaire measuring the organizational climate by using the tool of revisions to improve climate

questionnaire, the questionnaire indicates the dimensions of the of organizational climate as follow :

1. The dimensions of the organization structure : the staff must know about the policy, regulations and communication on the administrative line.

2. Emphasis on Individual Responsibility: the staff must perceive and understand their jobs, their success and also their responsibility.

3. Warmth and support : the staff must perceive the importance of the job promotion instead of the punishment because it will help them not to feel worried.

4. Reward and punishment / Approval and Disapproval : the staff must perceive about the reward and punishment on their jobs. The reward will encourage the staff to have a grate success and a friendship.

5. Conflict and tolerance for conflict : the staff must learn that the administrators and the performers will listen to their ideas which differ from the staff by the way of the great success and the good friendship.

6. Performance Standards and Expectations : the staff must learn about the significant of the goal of the performance standard which is clearly mentioned.

7. Organizational Identity and Group Loyalty : the staff must learn not only about friendship, the warmth and support among themselves but also their pride of their performance.

8. Risk and Risk Taking : the staff must learn about philosophy of their administrators in risk taking and also the challenge of the performance in their organization.

Wonapha songkra (1980) mentioned the study of the dimensions in the organization of Campell and Beaty (1971) will explanation of ten dimensions concerning the climate as follow:

1. Task Structure : it is about the job process.

2. Reward – punishment Relationship : it depends on the job outcome and the great achievement not on senior.

3. Decision Centralization : it is consider about power reserved for making decision of the higher level administrators.

4. Achievement Emphasis : it is consider the wish or desire of the staff in the organization in performing their job successfully.

5. Training and Development Emphasis : it is to support the staff for a training and development.

6. Security Versus Risk : it is the pressure that leads the staff to fell worried about security.

7. Openness Versus Defensiveness : it is to consider the scope that the organizational staff try to conceal their mistakes more than to have good contact with good friendship.

8. Status and Morale : it is to consider the organizational staff perceive their organization in a good point and desire to work in the organization.

9. Recognition and feedback : it is to consider the feelings of the staff whether the organization is suitable for them to work with.

10. General Organizational Competence and Flexibility : the staff must learn about the organizational goal, the ability to foretell the problems and the skill development to prevent the crisis of the problems.

From this study it is remarkable that there are not any best or most suitable organizational climate. The important thing is the climate must be compatible with the personal goal of every member (Arun,1987), so it is the task of the administrators to construct the good image of the climate that motivates the staff for this change.

2.2.3 The role of the administrators in constructing the organizational climate.

Dr. Edwards Deming has developed the way to perform the organizational quality. He mentioned two problems that administrators will confront. They are the survival of the business of today and in the future. The administrators should not focus on solving the problems daily, but should think of the way to get rid of the main cause of the problem and set up the purpose to improve the product and services by innovation. They should think of new products for developing the quality of life, providing the products and services, and also investing for maintaining the tools used for producing.

The main point of the organizational administration is to try to use its human resources efficiently. According to the quality development process, the organization must be active with a great strength. The staff should be cooperative to construct a proper climate performing their job, because it will encourage them to be happy and to devote themselves to perform their job with good attitudes. This leads them to perform with potentiality and better quality. They help develop the organization. If it is not what has mentioned, the staff would feel bored and alarmed without cooperation. This leads to bad attitude which causes the problem of job quality, quality of life, and the

organization lacks the development and progress (Arun,1987; Kart & Rosenzweig,1974). Thus the administrators must acknowledge this adjustment which influences the climate and be able to provide a suitable environment to achieve the goal.

The hospital accreditation implements the concept and the philosophy of CQI. For the total quality management (TQM.) The starting point is to construct the perception of situational assessment, quality level, staff level, unit and teamwork to have the same goal in job cooperation. The service is on patient – based. The staff must review the job by themselves and the needs of the outcome receiver, and also the continuous quality improvement. The following are some concepts of TQM that help implement the quality of the organization :Total Involvement ,Total Commitment ,Team Approach ,Patient Focus, Risk Management ,Professional Standard ,Continuous quality improvement.

The Institute of Hospital Accreditation implements TQM./CQI. by reorganizing as a tool to assess the job climate in the organization which leads to the quality development by nine dimensions as follow :

    1. Ability to change a working system

    2. Working as a team

    3. Creativity

    4. Meaning of Quality

    5. Responding to needs of patients and customers

    6. Internal customer relations

7. Improvement of a working system

8. Goals/Shared Visions

9. Satisfaction.

2.3 Related Literature to Quality Improvement and Organizational Climate

2.3.1 Related literature to Quality Improvement

Arun Raktham (1980:285) said that the main point o the organizational development for adjustment is the assessment leading to its value and the outcome which will be more or less than the established ideal.

Anuwat Suppachutikul (1996) proposed that whether the job improvement is good or bad depends on implementing what kind of the indicators for quality system because it relates to the goal and the customer need.

Arun Raktham (1996:58-59) addressed two factors for the organizational adjustment and development. They are human beings and the structure of the organization with the social knowledge as a tool, The principle is to just and improve the behavior structure, the task attitude, the communication, the decision, the goal and trust. These two factor have close relationship for the great success and the satisfaction of the staff in the organization.

Boonlert Pairin (1996) proposed the idea of the useful assessment in the organization which leads to the success of the goal.

Somyos Karnnavee (1992:293) mentioned that the group solving problems is better than individual solving. It signifies the important role of teamwork or group work in determining the goal of activities development and controlling the performance in compatible with the same direction and the same goal. Moreover Kay Harley (1971: 438-439 cited by Arun Raktham 1980:42-51) said that the teamwork or group work in determining is the heart of the organization development.

Chayada Siripirom (1992 :3) proposed the way to adjust the organization by planning to adjust the staff individually along with the organizational structure and the quality of job. This will lead to the efficiency of the organization, the potentiality and the capability of job performance as mentioned in the goal.

Thanasukarn and team (1998 :1-7, 21-28) studied a project about progress of Hospital accreditation in eighth hospital of project : and found that three might be factors affecting the progress of the project : leadership, work-team, organizational structure, budget, knowledge and comprehension of staff.

Alongkorn Chutinun. (1999:130) studied the effectiveness of ISO 9002 and Hospital Accreditation on the private hospital. He also found the difference of the staff in each unit and their attitudes toward quality system and the morale of performance.

Bill Smith and Turid Sato cited by Parvaj Vasee, said that the cooperation in job performance leads to creative thinking and efficient of every staff in every unit.

Theodore Freedman (1999) the president of Mount Sinai hospital were accredited by the Canadian Council on Health Services Accreditation (CCHSA) for another three-year term said that " participation in the accreditation program significantly improves the level of care.There is good communication between teams and evidence of teamwork and relationship-building as essential foundations of a quality culture."

Antony Wagemaker (2000:17) said that the Hospital Accreditation in Thailand leads to the adjustment of the basic components of healthcare service in the organization when compared to DNA. like thought and behaviors of the members in that organization.

2.3.2 Related literature to Organizational climate

Working climate of the organization will be explored by using the conceptual framework of hospital Accreditation with the dimension of the working climate which is supportive to hospital quality improvement. The hospital quality improvement is based on a major principle of Continuous Quality Improvement consisting of patient/client centered approaches and the concentration on quality and services results which are the most advanced strategy for hospital management.

Ability to change a working system

The leaders act as coaches not only in supporting and solving the problems, perceiving the staff's problems and needs, but also improving job systems.

Greiner (1967) mentioned the important role of the leaders in the adjustment which is carefully performed. The quality development is to adjust working culture. This adjustment may lead to stress and confusion that decrease the job efficiency. The obstruction in implementing the policy, the goal and the new method is the resistance of the organization members. They think about the uncertainly of the effect and the lost of their benefit. Then before giving the support, the members must be sure that it will be useful for their own and the organization. The confidence occurs if they take part with the administrators in making decision or giving the support and this will bring them the good benefit.

Working as a team

It is the cooperation from others in problem solving with a good trust, along with the factors of teamwork and their decision.

Pigor & Myer mentioned that a good teamwork with a better coordination and compatibility will have an efficient job (Pigor & Myer,1977). The performance will develop and strengthen their potentiality because they can exchange their knowledge and experiences which help them to create new thinking. Then they will have a good morale and a positive satisfaction with a good outcome. Sometimes it is very difficult to perform successfully alone because of the complexity of the system, so the coordination is required, The quality development must have a good system of the teamwork in the unit, between unit teamwork vocational teamwork, teamwork between the performers and the administrators. All teams lead to the great achievement.

Creativity

It is to look for new ways of job performance. The leaders have to encourage the staff to have creative thinking and to have an opportunity trying new performance without the fear of making a mistake.

Steiner mentioned that the staff with much more creative thinking will initiate new things more than those with less creative thinking and be more active. They are willing to adjust the performance while solving the problems (Steiner, 1965). Creative thinking becomes the necessary part of life in the organization because it helps them to find new performances which are better. The outcome of this thinking will occur not only from the performance but also from the invention including the work process improvement and the steps of the new job performance adjustment.

Meaning of quality

It is the understand and the perception of the definition of quality and the view point of the business operators and users.

Crosby defined the " quality " as the compatibility with the needs (Crosby, 1979),but people concerned have some different view point from the job operators, point of view, the quality is to perform the established standard and to be able to predict regularly. From the users ' view point the quality is to respond to the customers's needs and expectation. Thus these two view point should be in the balance. It necessary to construct the quality starting from individuals because the outcome of service will reflect the quality in two ways. The first one is Subjective/ perceptual which is the

outcome of perception especially the response and the invention of the hospital staff. The other one is Objective / Clinical definition which is the outcome of the real conditions particularly the death and the critical situations of the patients. Thus the quality development from the perception will lead to the real quality.

Responding to needs of patients and customers

It is the good understanding of the staff toward the needs of the patients and the customers, and response to these needs. Let the patients take part in making decision. Establish the standard of service technique and service behavior of the performers.

Juran defined the quality by focusing the view point of response customer needs. Thus the quality is " the suitability or the value of products or the service that fits the needs of the users " (Juran, 1992). The users are the people who get the benefit and indicate the significance of the organization. Without customers, there won't be any organization. The customers are divided into two groups. The first one is the external customers including the patients, the payees and the community. The other one is internal customer like the staff and other units in the organization that perform the job continuously. The quality assessment includes not only the view point of the patients or the service receiver but also the view point of the service givers and the units, along with the task of the staff towards the customers. The response to the needs and expectation of the customers will be performed through the job performance and hearing the reflection of the customers. However the steps of the service performance and the unit line should be reduced because it will help, the performers to respond better to the customers 'needs.

Internal customer relations

It is inform the needs to the concerned unit and the mutual needs. The internal customer relationship is significant to the quality that the external customer receive. When there is a quality problem or the job transference dose not meet the expectation of the receiver, it will reduce the quality process. Thus the quality given to the external customers will depend on the internal customer relationship.

Improvement of a working system

It is the ability to adjust work process, office climate, to be blamed or to be punished and to make decisions from the data collected.

Heidemann mentioned about quality improvement as " a philosophy and administrative system in which the policy maker, the administrators and the staff in all level should take part in improving continuously the work process and the outcome of patient care and treatment. This is the implication of statistics and tool of dynamic group that leads to reduce the waste of time and the unnecessary complication. The goal is to respond to needs and the expectation of the patients, the business operators, the senders and the community " (Heidemann EG,1955)

According to the Heidemann, the quality development is problem solving or job process improvement. The better process will bring the climate of the performers' confidence. The quality Problem may come from the performers or job system. By implementing the positive concept with the quality development, it is found that most of the problems come from the system more than from the performers. If the system is

checked with a suitable warning and focusing on good system and process improvement to prevent the problems, the good understanding and the creative thinking will be implemented.

Goals/Shared Visions

It is construct a hospital dream and perform to meet that dream.

Edwin Locke confirmed that " the established goal will convince the staff to try to achieve this goal successfully. However it depends on the suitable established goal with the outstanding characteristic to affect the organizational, members behaviors like the specification, the difficulty and the acceptance " (Edwin Locke,1977). The organizational goal is compared to its dream with cooperation of the members. To achieve this ideal, the staff must perceive the needs of the organization because they are its part with the realization of the goal. They have to take action in their roles and the importance of themselves to achieve that goal; they have to adjust their thinking and also their job performance.

Satisfaction

It is the happiness coming from the environment in their workplace and the satisfaction of the performance outcome.

Glimer and his team said that the satisfaction of the performance outcome is the attitude of the staff towards their performance and factors concerned with their ways of life. If their satisfaction is positive, they feel happy. The reward they get will encourage them to have morale on job performance (Glimer, 1966). All of these will influence the

efficiency and the effectiveness of the job performance and the great achievement in that organization.

Frederick Herzberg and others (1959:113 -114) found that there two factors that influence the satisfaction and unsatisfaction. The first one is the motivation factor that leads the staff to have positive attitudes with the satisfaction in their job responsibility. The other one is the hygiene factor. If it is in the lower level of deficiency that the staff cannot follow, they will be unsatisfied in their job performance. This factor is consist of policy, job management, salary, reward, staff relationship and performance condition.

Supatra Petchmunee. (1988: 3-4) did a research on the effect of the organizational climate on staff development. She found the close relationship between the climate and the staff development.

In conclusion, the positive components of performance climate will lead the organization to reach the great success, the great progress in quality development and the great achievement.